U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Gee Only
	(AUG 22 2005)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
12793	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert J Purdy	Name Plumbers & Pipefitters Local 577
	Labor Organization File Number 003 - 615
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1236 Gallia St	Street 1236 Gallia Street
City Portsmouth	City Portsmouth
State Ohio ZIF Code + 4 45662] State Ohio ZIP Code + 4 45662
5. Position in labor organization. Executive Board	
(except as specified in the e	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of
(except as specified in the e A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of cation represents or is actively seeking to represent.
(∉ccept as specified in the e A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz	or derived income or other economic benefit of
(except as specified in the e A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of cation represents or is actively seeking to represent.
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(except as specified in the e A. Held an interest in, engaged in transactions: (including loans) with, monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 State ZIP Code + 4	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Signature y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the
(except as specified in the e A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organia 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIF Code + 4 S 15. Signature and verification. The undersigned declares, under penalts submitted in this report (including the information contained in any accomp	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Signature y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Robert Purdy	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Welfare Fnd	(52)
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1333 West Vine Street Suite 500	C. Employer
City Lexington	
State Kentucky ZIP Code + 4 40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee Reimbursement attendance at International Foundation of Employee Benefit Plans Conference June 14 through 16, 2004
Trade Name, if any:	
P.O. Box, Bklg., Room No., if any	
Street [11.b. Approximate dollar value of such dealing. \$411
City	12.a. Nature of interest held or income received.
State ZIF Code + 4	Reimbursement of private automobile @ \$.375 per mile plus meal reimbursement and lost wages of 40 hours @ \$27.78 per hour, hotel, meeting registration and air fare.
	12.b. Amount. \$411
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	I
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

File Number U-

Name of Person Filing Robert: Purdy	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Welfare Fnd	ृं∑े a. Labor Organization
Trade Name, if any:	12.5
P.O. Box, Bldg., Room No., if any	, ¯, b. Trust
Street 333 West Vine Street Suite 500	c. Employer
City Lexington	
State Kentucky ZIF Code + 4 40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee reimbrusement for Trustee Meeting attendance meeting date February 13, 2004 Portsmouth Oh.
Trade Name, if any:	Foresinden on.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$38
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus lost wages of 10 hours @\$25.28 per hour.
	ı
	12.b. Amount. \$38

Name of Person Filing Robert	Purdy		File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Welfare Fnd Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1333 West Vine Street Suite 500	c. Employer
City Lexington State Kentucky ZIF Code + 4 40507	
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee reimbrusement for Trustee Meeting attendance meeting date May 14, 2004 Portsmouth Oh.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$38
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus lost wages of 10 hours @\$25.28 per hour.
	12.b. Amount. \$38

Name of Person Filing Robert Purdy	File Number U-
Name of Ferson Fining Robert Pulluy	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Plumbers & Pipefitters LU #577 Welfare Fnd	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1333 West Vine Street Suite 500	c. Employer	
City Lexington		
State Kentucky ZIP Code + 4 40507		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name n	Trustee reimbrusement for Trustee Mee attendance meeting date August 20, 20	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		,
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$42
	12.a. Nature of interest held or income received.	
	Reimbursement of private automobile wile plus lost wages of 10 hours @\$2	
	12.b. Amount.	\$42

Name	of	Person	Filina	Robert	Purdy
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File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Welfare Fnd	X a. Labor Organization
Trade Name, if any:	· b. Trust
P.O. Box, Bldg., Room No., if any	
Street 1333 West Vine Street Suite 500	, c. Employer
City Lexington	
State Kentucky ZIF Code + 4 40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name n	Trustee reimbrusement for Trustee Meeting attendance meeting date November 12, 2004 Portsmouth Oh
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$42
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus lost wages of 10 hours @\$27.78 per hour
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	12.b. Amount. \$42

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Name of Person Filing Robert Purdy	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Pension Fnd	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 333 West Vine Street Suite 500	c. Employer
City Lexington	
State Kentucky ZIP Code + 4 40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee Reimbursement attendance at International Foundation of Employee Benefit Plans Conference June 14 through 16, 2004
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street "	:
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$2,329
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus meal reimbursement and lost wages of 40 hours @ \$27.78 per hour, hotel, meeting registration, and air fare.
	12.b. Amount. \$2,329

Name of Person Filing Robert Purdy	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters Local 577 Pension Fn	√ a. Labor Organization
Trade Name, if any:	(2)
P.O. Box, Bldg., Room No., if any	b. Trust
Street 333 West Vine Street Suite 500	C. Employer
City Lexington	
State Kentucky ZIF Code + 4 40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee reimbrusement for Trustee Meeting attendance meeting date February 13, 2004
Trade Name, if any:	Portsmouth Oh
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$215.
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus lost wages of 10 hours @\$27.78 per hour
	I.
	12.b. Amount. \$215

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Name of Person Filing Robert Purdy	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Pension Fnd	(天) a. Labor Organization
Trade Name, if any:	· Va Tura
P.O. Box, Bldg., Room No., if any	b. Trust
Street 333 West Vine Street Suite 500	c. Employer
City Lexington	
State Kentucky ZIP Code + 4 (40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee reimbrusement for Trustee Meeting attendance meeting date May 14, 2004 Portsmouth Oh
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	;
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$215.
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus lost wages of 10 hours @\$27.78 per hour
	12.b. Amount. \$215

	File Number U-
Name of Person Filing Robert Purdy	The Mulliper O-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Pension Fnd	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 333 West Vine Street Suite 500	c. Employer
City Lexington	
State Kentucky ZIF Code + 4 40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee reimbrusement for Trustee Meeting attendance meeting date August 20, 2004 Portsmouth Oh
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	·
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$236
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus lost wages of 10 hours @\$27.78 per hour
	12.b. Amount. \$236

Name of Person Filing Robert	Purdy	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters LU #577 Pension Fnd	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 333 West Vine Street Suite 500	c. Employer
City Lexington	
State Kentucky ZIP Code + 4 40507	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee reimbrusement for Trustee Meeting attendance meeting date November 12, 2004 Portsmouth Oh
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$236
	12.a. Nature of interest held or income received.
	Reimbursement of private automobile @ \$.375 per mile plus lost wages of 10 hours @\$27.78 per hour
	12.b. Amount. \$236